SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

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SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYPI	E OF COMMITTEE	
Vargas For Senate							Candidate Committee Exploratory Committee		
3. TREASURER NAME									
Title	First Manuel			MI D	Last Goulart			Suffix	
4. TREASURER ADDRESS									
Street Address 54 Savarese Ln			City Burlin	igton		State CT		Cip Code 06013	
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTRI	CT CODE (if applicable)	
11/02/2010		State Senator					S001	101 CODE () applicable)	
8. CANDIDATE NAME						,		_	
Title	First Edwin			MI	Last Vargas			Suffix Jr	
9. TYPE OF REPORT									
30 Days Following Pri	30 Days Following Primary - Original								
10. PERIOD COVERED									
		Beginning Date			Ending Date				
		07/28/2010	thru	1	09/02/2010				
			11 CED	TIFICATION					
			II. CER	TIFICATION					
on this Itemiz	✓ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
Electronic Filing		Manuel Goulart			09/00	5/2010			
SIGNATURE	-			CERTIFIED					
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE					
Vargas For Senate	Original 09/09/2010					
	COLUMN A This Period	COLUMN B Aggregate				
12. Balance on hand from day Committee was formed		\$0.00				
13. Balance on hand at the beginning of Reporting Period	\$68,435.21					
14. Contributions received from Individuals (Section A and B)	\$0.00	\$16,390.00				
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00				
16. Other Monetary Receipts (Section D-I)	\$0.00	\$77,950.02				
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00				
18. Total Monetary Receipts (add totals for lines 14-17)	\$0.00	\$94,340.02				
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$68,435.21	\$94,340.02				
20. Expenses Paid by Committee (Section N)	\$64,011.53	\$89,916.34				
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$4,423.68	\$4,423.68				
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00				
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00				
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00				
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00				
26. Beginning Loan Balance	\$0.00	\$0.00				
26a. + Loans Received (Section D)	\$0.00	\$0.00				
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00				
26c Payments on Loan(s)	\$0.00	\$0.00				
26d. Total Outstanding Loan Amount	\$0.00	\$0.00				
27. Campaign Expenses Paid By Candidate (Section O)	\$309.60	\$1,369.60				
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00				
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00					
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00					

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FIL	ING DUE DATE
Vargas For Senate								Ori	ginal 09/09/2010
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) Subtotal Section A									
		B. Itemized Contribu	ıtions fı	from I	ndividu	ıals			
Last Name	First Name		MI	I	Cash	contribution: Contribut Personal Check y Order Credit/Debit Card			Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received	
Principal Occupation		Name of Employer		•		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent child of a lobbyist?			byist?	Aggre	gate Contributions	
Total of Section B						ı В			
TOTAL OF ALL CONTRIBU	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)								

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	DUE DATE
Vargas For Senate							Original	09/09/2010
C1. Contributions from Other Committees								
Name of Committee					Name of Treasurer			
Address Is this contribution associated with a Yes If y fundraising event listed in Section J1? No					,, · ·	#	Amount of Contribution	
City	State	Zip	Code	Date R	eceived	Aggregate Contributions		
Total of Section C1								

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE				FILIN	NG DUE DATE		
Vargas For Senate				Origi	nal 09/09/2010		
C2. Reimbursements or Payments from other Committees							
Name of Committee			Name of Treasurer				
Address			Date Received		Amount of Receipt		
City	State	Zip Code	Reimbursement for shared expense				
			Payment for goods and services				
Total of Section C2							

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE					FILING	DUE DATE			
Vargas For Senate						09/09/2010			
	D. Loans Received this Period								
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received			
Street Address	City	State	Zip Code	Candidate	Candidate Individual	this loan? Yes			
Name of Cosigner/Guarantor	e of Cosigner/Guarantor								
Street Address	City	State	Zip Code	Date Received					
	Total of Section D								

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE					FILING DUE DATE		
Vargas For Senate					Original 09/09/2010		
	E. Personal Funds of the Candidate Received this Period						
Date Received	Amount	Method of Paymer	nt Cash	Personal Check	Credit/Debit Card		
Total of Section E							

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTE	FILING DUE DATE								
Vargas For Senate	Original 09/09/2010								
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount				

I. Monetary Receipts (Section A-I)									
NAME OF COMMITTEE					FILI	NG DUE DATE			
Vargas For Senate					Origi	nal 09/09/2010			
G. Interest from Deposits in Authorized Accounts									
Name of Institution		Date Received				Total Amount Received			
Street Address	City		State	Zip Code					
Total of Section G									

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE		FILING DUE DATE							
Vargas For Senate	Original 09/09/2010								
H. Public Grant Fu									
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount						
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election								
		Total of Section	н						

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE				FILI	NG DUE DATE			
Vargas For Senate				Origi	inal 09/09/2010			
I. Miscellaneous Monetary Receipts not Considered Contributions								
Name		Date of Trans	saction		Amount Received			
Street Address	City	State	Zip Code					
Description								
			Total of Sec	tion I				

	II. FUNDRAISING EVENT ACTIVITY									
NAME OF						FILING	DUE 1	DATE		
COMMITTEE Vargas For Senate						Original (09/09	/2010		
J1. Fundraising Event Information										
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code		
Was this fundraising event he	osted at a personal residence?		Yes		No					
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No					
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	i.	No					

	II. FUNDRAISING EVENT	AC	TIVITY				
NAME OF COMMITTEE						FILIN	G DUE DATE
Vargas For Senate						Origin	nal 09/09/2010
J2. Pro	ceeds from Tag Sale, Auction, or C	Other	· Sale of Donated	Items			
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment: Cash Per	sonal Check	Credit/Debi	it Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased		•			•		
				To	otal of Sec	ction J2	

	II. FUNDRAISING EVENT ACTIV	VIT	Y				_	
NAME OF COMMITTEE							FILING	G DUE DATE
Vargas For Senate							Origin	al 09/09/2010
J3. In-Ki	nd Donations Not Considered Contributi	ons						
Name of the Donor					Donation G Indivi		ess Entity	Fair Market Value of Donation
Street Address	City		State	Zip	Code	Aggregate valu		
Description of Donation		Date	Receive	ed	Event #			
						Total of Se	ction J3	

	III. No	ON	МО	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING	DUE DATE
Vargas For Senate								Original	09/09/2010
	K. In	-Ki	ind (Contributions					
Name							Date Receive	ed	Fair Market Value of this Contribution
Street Address		С	City		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches of government the contract is with:		espective state		Yes No Legislative	
Is this contribution associated with a fundr listed in Section J1? If yes, list Event#	raising event Yo		Des	cription of In-Kind Contribution			Aggregate contr	ributions	
							Total of	f Section K	

III. Non Monetary Receipts											
NAME OF COMMITTEE	FILING DUE DATE										
Vargas For Senate	Original 09/09/2010										
L. Refund	able Deposit to	Telephone Company									
Last Name (Individuals Only)	First Name		Amount of Deposit								
Street Address	City		State	Zip Code							
Name of Telephone company											
Street Address											
Total of Section L											

III. NONMONETARY RECEIPTS												
NAME OF COMMITTEE						F	ILING DUE DATE					
Vargas For Senate						С	riginal 09/09/2010					
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee												
Name of Committee		Name of Trea	surer									
Street Address		•		Date N	otice Receiv	ed	Fair Market Value of Donation					
City	State	Zip Code		Aggreg	gate Donation	is						
Description of Donation	Purpose of Ex	penditure B	С	D	Е							
				То	tal of Secti	on M						

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee BANK OF AMERICA				Date of Payment 07/28/2010	Method of Pay	ment	Amount
Street Address 790 Maple Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure	X Debit Car	rd	
Description RETURNED CHECK AND FEE FOR INSUFFICE	CIENT FUNDS				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$16.00
Name of Payee				Date of Payment 07/28/2010	Method of Pay	ment	Amount
MARIA FIGUEROA Street Address 23 Ward Pl	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	X Check # 1047 Debit Car	⁻ d	
Description CANVASSER'S WAGES	The cool	<u> - </u>			Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No				<u> </u>	1		\$110.00
Name of Payee MARIA FIGUEROA				Date of Payment 07/28/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1086 Debit Car	rd.	
Description CANVASSER'S WAGES	Hartford	СТ	06106	WAGE	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$170.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee OLGA DE LA ROSA				Date of Payment 07/28/2010	Method of Payr	ment	Amount
Street Address 101 Benton St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure	1092 Debit Car	·d	
Description CANVASSER'S WAGES			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$357.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
CARLOS CARMONA		l	<u> </u>	07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1093 Debit Car	.1	
24 Ledger St	Hartford	СТ	06106	WAGE	-	u	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$456.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
EDGARDO RIVERA				07/28/2010	X Check # 1087		
Street Address 63 Colonial St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	·d	
Description CANVASSER'S WAGES	Tierdord		12222	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$275.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee SAMMY VAZQUEZ				Date of Payment 07/28/2010	Method of Paye	ment	Amount
Street Address 58 Hendricxsen Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	1038 Debit Car	rd	
Description CANVASSER'S WAGES	1.0.000	1	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$308.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
APOLINAR ROSARIO				07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1030</u>		
25 Ward St	Hartford	СТ	06106	WAGE	Debit Car	⁻ d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$478.50
x No					ı		\$476.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JUANA TIRADO				07/28/2010	X Check # 1064		
Street Address 863 Capitol Ave	City Hartford	State	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	rd	
Description	Transford		1,,,,,,	1	Event #		
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$308.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee PEDRO BERMUDEZ Street Address	City	State	Zip Code	Date of Payment 07/28/2010 Purpose of Expenditure	Method of Payr X Check # 1029	ment	Amount
64 Van Block Ave	Hartford	СТ	06106	WAGE	Debit Car	d	
Description CANVASSER'S WAGES				1	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$429.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
BRIAN RODRIGUEZ				07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1037		
110 Babcock St	Hartford	СТ	06106	WAGE	Debit Car	d	
Description CANVASSER'S WAGES		!	-	l	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$176.00
Name of Payee CHRISSHAWN RICHARDS				Date of Payment 07/28/2010	Method of Payr	nent	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1031</u>		
25 Hartford Ave	Enfield	СТ	06082-2945	WAGE	Debit Car	d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$220.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee CRYSTAL RIVERA			,	Date of Payment 07/28/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1032</u>		
38 Babcock St	Hartford	СТ	06106	WAGE	Debit Car	d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$220.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
MARGARITA GARCIA				07/28/2010	<u> </u>		- inoun
	a.	L	1		X Check #		
Street Address 38 Babcock St	City	State	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	d	
Description Description	Hartford	<u>C1</u>	00100	WAGE	Event #		
CANVASSER'S WAGES					Event		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$330.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
GERARD RIOUX		1	1	07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1035		
109 Foster St	Manchester	СТ	06040	WAGE	Debit Car	d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$165.00
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee JANE RUSSELL				Date of Payment 07/28/2010	Method of Pays	ment	Amount
Street Address 48 York St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure	1036 Debit Car	d	
Description CANVASSER'S WAGES			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$192.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
LUZ SULLIVAN	Cit.		T. C. I	07/28/2010	X Check #		
Street Address 31 Charter Oak Pl	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	ď	
Description CANVASSER'S WAGES	Traditional	<u> </u>	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			4422.00
X No				1	1		\$132.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ANGEL ARCE		L	I	07/28/2010	X Check # 1040		
Street Address 59 Pulaski Dr	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	ď	
Description CANVASSER'S WAGES		ı	-	1	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		4220.00
X No							\$220.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee HABEN ABRAHAM				Date of Payment 07/28/2010	Method of Payr	ment	Amount
Street Address 98 Caya Ave	City West Hartford	State CT	Zip Code 06118	Purpose of Expenditure WAGE	1041 Debit Car	d	
Description CANVASSER'S WAGES		•	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$203.50
Name of Payee				Date of Payment 07/28/2010	Method of Pays	ment	Amount
LUCI LEBRON	City		T. C. I		X Check # 1042		
Street Address 129 Standish St	Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	Debit Car	ď	
Description CANVASSER'S WAGES	The Cord	<u> </u>	1	-	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			¢260.F0
X No					1		\$269.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
MARIA AYALA	City	a	T. C. I	07/28/2010 Purpose of Expenditure	X Check # 1045		
Street Address 72 Hamilton St	Hartford	State CT	Zip Code 06106	WAGE	Debit Car	ď	
Description CANVASSER'S WAGES			1	1	Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$165.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payr	nent	Amount
MARIA AYALA			<u> </u>	07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1088		
72 Hamilton St	Hartford	СТ	06106	WAGE	Debit Car	d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$192.50
Name of Payee				Date of Payment	Method of Payr	nent	Amount
JOEL OVIEDO			_	07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1085</u>		
44 Forest St	Hartford	СТ	06105	WAGE	Debit Car	d	
Description			•		Event #		
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	•		
Yes X No							\$220.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
JOEL OVIEDO				07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1046		
44 Forest St	Hartford	СТ	06105	WAGE	Debit Car	d	
Description CANVASSER'S WAGES					Event #		
-							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$192.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee DONALD WALKER				Date of Payment 07/28/2010	Method of Payr	ment	Amount
Street Address 59 Chadwick Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure	1048 Debit Car	d	
Description CANVASSER'S WAGES			•	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$220.00
Name of Payee				Date of Payment	Method of Paya	ment	Amount
VIVIANA ROGERS				07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1043 Debit Car	d	
162 Bond St	Hartford	СТ	06114	WAGE	-	<u> </u>	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$187.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ANA SANTIAGO				07/28/2010	X Check # 1084		
Street Address 240 Laurel St	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure WAGE	Debit Car	ď	
Description CANVASSER'S WAGES		l			Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$214.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee ANA SANTIAGO				Date of Payment 07/28/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1044</u>		
240 Laurel St	Hartford	СТ	06105	WAGE	Debit Car	d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$258.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
					<u> </u>	ment	Amount
RICARDO GONZALEZ		1	1	07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1089 Debit Car	vd.	
47 Prescott St	West Hartford	СТ	06110	WAGE	_	u	
Description CANVASSER'S WAGES 07/27					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Jame		Office Sought			
X No							\$66.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
RICARDO GONZALEZ				07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1090</u>		
47 Prescott St	West Hartford	СТ	06110	WAGE	Debit Car	^r d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$198.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee RAMON VARGAS				Date of Payment 07/28/2010	Method of Payı	nent	Amount
Street Address 1891 Broad St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	1091 Debit Car	d	
Description CANVASSER'S WAGES			•	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$269.50
Name of Payee				Date of Payment	Method of Payı	nent	Amount
PHYLLIS SCOTT		l		07/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1094		
4 Gilman St	Hartford	СТ	06114	WAGE	Debit Car	d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought	•		
X No							\$242.00
Name of Payee				Date of Payment	Method of Payı	nent	Amount
JANICE ROSSETTI				07/30/2010	X Check # 1051		
Street Address 108 Cromwell Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure CNSLT	Debit Car	d	
Description Description	Tiai ti Ol U	<u>. </u>	100117	10.1021	Event #		
CONSULTANT'S SALARY					Dvent "		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$500.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee POSTLATINO				Date of Payment 07/30/2010	Method of Pays	ment	Amount
Street Address 147 Jefferson Ln	City East Hartford	State CT	Zip Code 06118	Purpose of Expenditure A-OTH	1053 Debit Car	rd	
Description PRODUCE SPOT COMMERCIAL, NEWSPAPE	R AND TV ADVERTISEMENT		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$1,200.00
Name of Payee LUZ SULLIVAN				Date of Payment 07/30/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 1058		
30 Charter Oak Pl	Hartford	СТ	06106	WAGE	Debit Car	d	
Description CANVASSER'S WAGES OWED FROM 7/28				1	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$121.00
Name of Payee LESLIE PRADO				Date of Payment 07/30/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1050		
423 Campfield Ave	Hartford	СТ	06114	CNSLT	Debit Car	d	
Description CONSULTANT SALARY			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$650.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee EVA BERMUDEZ				Date of Payment 07/30/2010	Method of Pays	ment	Amount
Street Address 362 Laurel St	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure WAGE	1049 Debit Car	·d	
Description CAMPAIGN MANAGER'S SALARY		ı	!	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,000.00
Name of Payee				Date of Payment	Method of Payment		Amount
PITTA GOURMET		l		07/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1055 Debit Car	vd.	
507 Park St Description	Hartford	СТ	06106	FOOD	Event #	<u>.</u>	
PIZZA FOR STAFF					Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$52.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TELEMUNDO WRDM		ı		07/30/2010	X Check #		
Street Address 886 Maple Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure A-TV	1057 Debit Car	·d	
Description	Tranci Of U	ı~.	10011	r. '*	Event #		
TV ADS							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,520.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
HARTFORD NEWS				07/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1054 Debit Car		
563 Franklin Ave	Hartford	СТ	06114	A-NEWS	Ι	ď	
Description NEWSPAPER AD					Event #		
NEWSPAPER AD							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$400.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
OLGA DE LA ROSA				07/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1056</u>		
101 Benton St	Hartford	СТ	06114	WAGE	Debit Car	⁻ d	
Description			-		Event #		
CANVASSER'S WAGES OWED FROM 7/28							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$198.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
CAMPAIGNSWON.COM	Г		ı	08/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1060		
28 Longmeadow Ave	Hamden	СТ	06514	A-DM	Debit Car	d	
Description					Event #		
PRINT AND MAIL AD MAILER #2							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$5,559.04

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
N. Expenses Paid By Committee							
Name of Payee CAMPAIGNSWON.COM				Date of Payment 08/01/2010	Method of Payr	ment	Amount
Street Address 28 Longmeadow Ave	City Hamden	State CT	Zip Code 06514	Purpose of Expenditure A-DM	1061 Debit Car	·d	
Description PRINT AND MAIL AD MAILER #3		•	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$5,559.04
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SEGWAY OF NEWPORT, LLC 08/02/20				08/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1064</u>		
138 Thames St	Newport	RI	02840	EFV *	Debit Car	^r d	
Description RENTAL OF SEGWAY FOR CANDIDATE					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$750.00
X No							4, 55, 55
Name of Payee MAGNANI PRESS				Date of Payment 08/02/2010	Method of Pay	ment	Amount
	C'.	L	<u></u>		X Check # 1062		
Street Address 120 New Park Ave	City Hartford	State CT	Zip Code 06106-2185	Purpose of Expenditure A-SIGN	Debit Car	·d	
Description	1.10.000		1		Event #		
350 LAWN SIGNS							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$816.20
No No							· ·

	IV. EXPENDITURE	S						
NAME OF COMMITTEE						FILE	NG DUE DATE	
Vargas For Senate						Origi	nal 09/09/2010	
	N. Expenses Paid By Committee							
Name of Payee A T & T				Date of Payment 08/02/2010	Method of Payı	nent	Amount	
Street Address PO Box 5093	City Carol Stream	State	Zip Code 60197-5093	Purpose of Expenditure OVHD	1063 Debit Car	d		
Description CAMPAIGN HEADQUARTERS PHONE AND I		I			Event#			
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No							\$155.32	
					Method of Payr	nent	Amount	
WEST INDIAN AMERICAN	WEST INDIAN AMERICAN 08/03/2010				X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1066</u>			
1443 Albany Ave	Hartford	СТ	06132	A-NEWS	Debit Car	d		
Description NEWSPAPER AD					Event #			
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought				
X No							\$240.00	
Name of Payee UNIVISION WUVN				Date of Payment 08/03/2010	Method of Payı X Check #	nent	Amount	
	City	Ctoto	Zip Code	Purpose of Expenditure	1065			
Street Address 1 Constitution Plz	Hartford	State CT	06103	A-TV	Debit Car	d		
Description TV ADS		ı	-		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought	•		\$2,045.00	

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee APOLINAR ROSARIO				Date of Payment 08/04/2010	Method of Payı	ment	Amount
Street Address 25 Ward St	City Hartford	State	Zip Code 06106	Purpose of Expenditure WAGE	1068 Debit Car	ď	
Description CANVASSER'S WAGES			1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$544.50
Name of Payee EDWIN VARGAS				Date of Payment 08/04/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1101		
141 Douglas St	Hartford	СТ	06114	PRNT	Debit Car	d	
Description REIMBURSE CANDIDATE FOR PRINTIN CO.	STS				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	ame		Office Sought			\$100.00
X No				T	 		\$100.00
Name of Payee LA VOZ HISPANA DE CT				Date of Payment 08/04/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1099		
51 Elm St	New Haven	CT	06510	A-NEWS	Debit Car	d	
Description NEWSPAPER AD			!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	Other Candidate(s) N	ame		Office Sought			\$1,000.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commit	ttee				•	
Name of Payee PEDRO BERMUDEZ				Date of Payment 08/04/2010	Method of Pay	ment	Amount
Street Address		State	Zip Code	Purpose of Expenditure	X Check # 1067 Debit Car	d	
Description CANVASSER'S WAGES	Hartford	СТ	06106	WAGE	Event #	u	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$192.50
Name of Payee CHRISSHAWN RICHARDS				Date of Payment 08/04/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1069</u>		
25 Hartford Ave	Enfield	СТ	06082-2945	WAGE	Debit Car	d	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	ame		Office Sought			
X No				<u> </u>			\$275.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
CRYSTAL RIVERA				08/04/2010	X Check #		
Street Address		State	Zip Code	Purpose of Expenditure	1070 Debit Car	d	
38 Babcock St	Hartford	СТ	06106	WAGE		u .	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	Other Candidate(s) N	ame		Office Sought			\$324.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Committee						
Name of Payee MARGARITA GARCIA				Date of Payment 08/04/2010	Method of Paye	ment	Amount
Street Address 38 Babcock St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure	1071 Debit Car	rd	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Iame		Office Sought			\$236.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JUANA TIRADO	<u> </u>			08/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1074 Debit Car	.1	
863 Capitaol Ave	Hartford	СТ	06106	WAGE		u	
Description CANVASSER'S WAGES					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$544.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
LUZ SANTANA	T		1	08/04/2010	X Check #		
Street Address	City	State CT	Zip Code 06106	Purpose of Expenditure WAGE	1076 Debit Car	rd	
23 Ledger St Description	Hartford	CI	00100	WAGE		<u> </u>	
CANVASSER'S WAGES 07/27					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$418.00
X No							Ψ-10.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee LUZ SANTANA				Date of Payment 08/04/2010	Method of Pays	ment	Amount
Street Address 23 Ledger St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure	1077 Debit Car	rd	
Description CANVASSER'S WAGES			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$533.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
LUZ SULLIVAN	as:	L		08/04/2010	X Check #		
Street Address 31 Charter Oak Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	ď	
Description CANVASSER'S WAGES	Tiaruoru	<u> </u>	00100	ĮW.OZ	Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$335.50
X No				T	1		φ333.30
Name of Payee VIVIANA ROGERS				Date of Payment 08/04/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1083 Debit Car	d	
162 Bond St Description	Hartford	СТ	06114	WAGE	Event #	-	
CANVASSER'S WAGES					Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$220.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	nent	Amount
GERARD RIOUX		l	<u> </u>	08/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1073		
109 Foster St	Manchester	СТ	06040	WAGE	Debit Car	d	
Description					Event #		
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$159.50
Name of Payee				Date of Payment	Method of Payr	nent	Amount
JANE RUSSELL				08/04/2010	X Check #		
	a:			+	1072		
Street Address	City	State	Zip Code 06106	Purpose of Expenditure	Debit Car	d	
48 York St	Hartford	СТ	06106	WAGE			
Description CANVASSER'S WAGES					Event #		
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	•		
Yes X No							\$209.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
HABEN ABRAHAM			_	08/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1081</u>		
98 Caya Ave	West Hartford	СТ	06118	WAGE	Debit Car	d	
Description					Event #		
CANVASSER'S WAGES							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$214.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment 08/04/2010	Method of Pays	ment	Amount
Street Address 129 Standish St	City	State CT	Zip Code 06114	Purpose of Expenditure WAGE	1082 Debit Car	·d	
Description CANVASSER'S WAGES	Hartford	<u>C1</u>	00114	WAGE	Event #	-	
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought	•		\$291.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
BRIAN RODRIGUEZ	C'.	L	L	08/04/2010	X Check #		
Street Address 110 Babcock St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	·d	
Description CANVASSER'S WAGES	Hartord	1	1	1000	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$308.00
Name of Payee CUBANITOS BAKERY				Date of Payment 08/05/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1102		
867-869 Park St	Hartford	СТ	06106	FOOD	Debit Car	d .	
Description FOOD FOR 08/10					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$103.28

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Committee						
Name of Payee CAMPAIGNSWON.COM				Date of Payment 08/05/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1098</u>		
28 Longmeadow Ave	Hamden	СТ	06514	A-DM	Debit Car	d	
Description PRINT AND MAIL MAILER #4		•	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$5,559.04
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PITTA GOURMET				08/05/2010	l `		
	C't-	g	T. C. I		X Check # 1103		
Street Address 507 Park St	City Hartford	State	Zip Code 06106	Purpose of Expenditure FOOD	Debit Car	ď	
Description	nartioru	<u> </u>	00100	1000	Event #		
PIZZA FOR CANVASSERS AND HEADQUAR	TERS STAFF AND VOLUNTEERS						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$52.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
TEAMBXTREME			I	08/06/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
PO Box 928	Waterbury	СТ	06721	PRNT	 	d	
Description SCREEN PRINT CAMPAIGN SHIRTS					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$430.00
110							

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commit	ttee					
Name of Payee LESLIE PRADO				Date of Payment 08/06/2010	Method of Pays	ment	Amount
Street Address 423 Campfield Ave		State CT	Zip Code 06114	Purpose of Expenditure WAGE	1105 Debit Car	d	
Description CANVASSING MANAGER SALARY					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$750.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
EVA BERMUDEZ	C)	_		08/06/2010	X Check # 1104		
Street Address 362 Laurel St	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure WAGE	Debit Car	d	
Description	nartioru	Ci	00103	WAGE	Event #		
CAMPAIGN MANAGER SALARY					Dvent "		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	ame		Office Sought			
X No							\$1,100.00
Name of Payee JANICE ROSSETTI				Date of Payment 08/06/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1106</u>		
108 Cromwell St	Hartford	СТ	06114	CNSLT	Debit Car	d	
Description CONSULTANT & CREW CHIEF SALARY			•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	Other Candidate(s) N	ame		Office Sought			\$500.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee BANK OF AMERICA				Date of Payment 08/06/2010	Method of Pay	ment	Amount
Street Address 790 Maple Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure	X Debit Car	rd	
Description STOP PAYMENT FOR LOST CHECK #1078					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Name		Office Sought			\$30.00
Name of Payee LAZER GRAPHIC, LLC				Date of Payment 08/06/2010	Method of Pay	ment	Amount
Street Address 284 Racebrook Rd Ste 217	City Orange	State CT	Zip Code 06477	Purpose of Expenditure PRNT	X Debit Car	rd	
Description PRINTING POSTCARD		•	-		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$217.30
X No					1		1
Name of Payee LAS DELICIAS LATINAS RESTAURANT				Date of Payment 08/09/2010	Method of Pays	ment	Amount
Street Address 2 New Park Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure	1110 Debit Car	rd	
Description FOOD PARTIAL PAYMENT		•			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	lame		Office Sought			±450.00
X No							\$450.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee EDWIN VARGAS		1		Date of Payment 08/09/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1115		
141 Douglas St	Hartford	СТ	06114	PRNT	Debit Car	^r d	
Description PHOTOCOPYING A LEAFLET					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$26.50
				D			
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SAMMY VAZQUEZ	1		T	08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1109</u>		
58 Hendricxsen Ave	Hartford	СТ	06106	WAGE	Debit Car	rd	
Description REPLACEMENT CHECK FOR 1078 (LOST)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
x _{No}							\$319.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
MAGNANI PRESS				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1108		
120 New Park Ave	Hartford	СТ	06106-2185	A-SIGN	Debit Car	·d	
Description METAL "U" FRAMES FOR LAWN SIGNS			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	or Other Candidate(s) N	Jame		Office Sought	•		\$152.64
LITE No.							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
WRYM 840	T			08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1112 Debit Car		
1056 Willard Ave	Newington	СТ	06111	A-RAD		ď	
Description RADIO ADS					Event #		
RADIO ADS							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$400.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
MARCUS COMMUNICATIONS, LLC			T	08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1111</u>		
275 New State Rd	Manchester	СТ	06045	EFV *	Debit Car	d	
Description					Event #		
RENTAL OF 8 PORTABLE RADIOS							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No					1		\$254.40
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PITTA GOURMET	Г		ı	08/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1117		
507 Park St	Hartford	СТ	06106	FOOD	Debit Car	d	
Description					Event #		
FOOD FOR CAMPAIGN WORKERS							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$140.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount
BANK OF AMERICA	T		_	08/10/2010	Check #		
Street Address	City	State	Zip Code 06114	Purpose of Expenditure BNK	X Debit Car	rd	
790 Maple Ave Description	Hartford	Ci	00114	DIVIC	Event #		
CHECK REORDER OVERNIGHT					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Vame		Office Sought			
Yes X No							\$49.00
Name of Payee				Date of Payment	Method of Paya	ment	Amount
ANA GONZALEZ				08/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1146</u>		
467 Broad St	Hartford	СТ	06106	WAGE	Debit Car	d	
Description			•		Event #		
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought	•		
Yes X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SAM'S STORES RAVI PETRO			_	08/11/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
850 Maple Ave	Hartford	СТ	06114	Misc *	X Debit Car	d	
Description GAS FOR VAN 1					Event #		
OAD FOR VAIN I							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$44.00
No No							· · · · · · · · · · · · · · · · · · ·

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee SAM'S STORES RAVI PETRO				Date of Payment 08/11/2010	Method of Pay	ment	Amount
Street Address 850 Maple Ave	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure Misc *	X Debit Car	rd	
Description GAS FOR VAN 2			!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$36.01
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SAM'S STORES RAVI PETRO	C'.	L		08/11/2010	Check #		
Street Address 850 Maple Ave	City Hartford	State	Zip Code 06114	Purpose of Expenditure Misc *	X Debit Car	d d	
Description GAS FOR VAN 3	Tierdord	Į.	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$27.26
Name of Payee WILDALIZ BERMUDEZ				Date of Payment 08/11/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1148		
362 Laurel St	Hartford	СТ	06105	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$200.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee CARMEN BERMUDEZ				Date of Payment 08/11/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 1170 Debit Car		
362 Laurel St	Hartford	СТ	06105	WAGE		rd .	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$150.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
BUDGET RENT-A-CAR		1		08/11/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
85-317 Schoephoester Rd	Windsor Locks	СТ	06096	Misc *	X Debit Car	d	
Description VAN RENTAL (1)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$159.40
Name of Payee				Date of Payment 08/11/2010	Method of Pay	ment	Amount
BUDGET RENT-A-CAR					Check #		
Street Address	City	State	Zip Code 06096	Purpose of Expenditure	X Debit Car	rd.	
85-317 Schoephoester Rd	Windsor Locks	СТ	06096	Misc *		u	
Description VAN RENTAL (3)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$152.90
X No							\$132.90

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee BUDGET RENT-A-CAR				Date of Payment 08/11/2010	Method of Pay	ment	Amount
	a.				Check #		
Street Address 85-317 Scoephoester	City Windsor Locks	State	Zip Code 06096	Purpose of Expenditure Misc *	X Debit Car	d	
Description VAN RENTAL (2)	- Thinese - 20010	1	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought	•		\$153.99
				Data of Baymont	Method of Pay	mont	Amount
Name of Payee				Date of Payment		nent	Amount
MARY PRADO		1		08/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1147 Debit Car	d	
423 Camfield Ave Description	Hartford	СТ	06114	WAGE	Event #		
GET OUT THE VOTE STAFF					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SANTA BAUTISTA				08/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1149 Debit Car	d	
153 Weaterly	Hartford	СТ	06114	WAGE		d	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$150.00
LIAI No							i .

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee BASILIO CARRION Street Address	City	State	Zip Code	Date of Payment 08/11/2010 Purpose of Expenditure	Method of Payr X Check # 1150		Amount
594 Wethersfield Ave	Hartford	СТ	06114	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$100.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
CHARLENE FELICIANO				08/11/2010	l `		
	C'.	L			X Check # 1151		
Street Address 118 Sherbrooke Ave	City	State CT	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	d	
Description	Hartford	<u> </u>	00100	WAGE	Event #		
GET OUT THE VOTE STAFF					Event "		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			±150.00
x _{No}							\$150.00
Name of Payee				Date of Payment	Method of Payı	nent	Amount
QUETCY GARAY		Ι	ı	08/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1152</u>		
156 SE3MOUR St	Hartford	СТ	06106	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$150.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee JESUS GONZALEZ				Date of Payment 08/12/2010	Method of Payr	ment	Amount
Street Address 96 Park St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure	1153 Debit Car	d	
Description GET OUT THE VOTE STAFF			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$100.00
Name of Payee LUZ HERNANDEZ				Date of Payment 08/12/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1154		
115 Nutmeg Ln	East Hartford	СТ	06118	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$100.00
X No				1	1		Ψ100.00
Name of Payee ASAAD JACSON				Date of Payment 08/12/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1155		
49 East St	Hartford	СТ	06114	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	,		
X No							\$100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee ROSA MARCANO				Date of Payment 08/12/2010	Method of Paye	ment	Amount
Street Address 38 Franklin Ave	City Hartford	State	Zip Code 06114	Purpose of Expenditure	1156 Debit Car	·d	
Description GET OUT THE VOTE STAFF	TRACTOR	1	1	<u> </u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$70.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ORLANDO MARRERO		ı	1	08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1157</u>		
65 Colonial St	Hartford	СТ	06106	WAGE	Debit Car	rd	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Vame		Office Sought			
X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
CARLOS MUNIZ		l	T	08/12/2010	X Check #		
Street Address	City	State	Zip Code 06106	Purpose of Expenditure WAGE	1158 Debit Car	rd	
430 Hillside Ave Description	Hartford	<u>ر ۱</u>	100100	IWAGE.	Event #		
GET OUT THE VOTE STAFF					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$100.00
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee ISMAEL MURRIA				Date of Payment 08/12/2010	Method of Pays	ment	Amount
Street Address 295 Garden St	City Hartford	State CT	Zip Code	Purpose of Expenditure WAGE	1159 Debit Car	^r d	
Description GET OUT THE VOTE STAFF	1.0.000	1	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
AMANDA NEWDHARIE			_	08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1160		
105 Cromwell St	Hartford	СТ	06114	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$150.00
x No					1		\$130.00
Name of Payee LUIS RAMIREZ				Date of Payment 08/12/2010	Method of Pay	ment	Amount
	a:	I	I		X Check # 1163		
Street Address 113 Glendale Ave	City Hartford	State	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	·d	
Description GET OUT THE VOTE STAFF	1		1		Event #		
GET OUT THE VOTE STAIT							
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ARCADIO REYES				08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1164 Debit Car	d	
1909 Broad St	Hartford	СТ	06114	WAGE		u	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
X No							\$100.00
Name of Payee				Date of Payment	Method of Paya	ment	Amount
CARMEN ROBLES		1		08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1165		
217 Buckinham St	Hartford	СТ	06106	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$100.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
CARMELO ROSARIO		ı		08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1197		
23 Ward St	Hartford	СТ	06106	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$100.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment 08/12/2010	Method of Pay	nent	Amount
SANTA SERRANO Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 1168 Debit Car	a	
29 Denison St	Hartford	СТ	06105	WAGE		a	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
x No							\$100.00
Name of Payee				Date of Payment	Method of Pay	nent	Amount
MARILYN QUINONEZ		•		08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1169		
184 Preston St	Hartford	СТ	06114	WAGE	Debit Car	d	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$100.00
Name of Payee				Date of Payment 08/12/2010	Method of Payi	nent	Amount
LUIS ENRIQUE ROLON					X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1182 Debit Car	d	
271 Nicholson St	Newington	СТ	06111	WAGE		u	
Description GOTV STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$70.00
IA No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee LAS DELICIAS LATINAS RESTAURANT				Date of Payment 08/12/2010	Method of Paye	ment	Amount
Street Address 2 New Park Ave	City Hartford	State	Zip Code 06106	Purpose of Expenditure	1135 Debit Car	·d	
Description 08/11/2010 WORKERS DINNER FINAL PAY		•	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$447.25
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TROY NELSON	i			08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1122		
33 Roger St	Hartford	СТ	06114	WAGE	Debit Car	d	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			
X No					1		\$300.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PHYLLIS SCOTT	Т	1		08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1139		
2 Gilman St	Hartford	СТ	06114	WAGE	Debit Car	d	•
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$396.00
No No							l '

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee JOEL OLVIEDO				Date of Payment 08/12/2010	Method of Payr	ment	Amount
Street Address 44 Forrest St	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure	1141 Debit Car	d	
Description CANVASSAR SALARY 08/11/2010		I		1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$335.50
Name of Payee				Date of Payment	Method of Payment		Amount
PILAR MORI		<u> </u>		08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1144 Debit Car	d	
152 Pratt St	Glastonbury	СТ	06033	WAGE	-	<u> </u>	
Description GET OUT THE VOTE STAFF					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PAOLA MORI		Ι		08/12/2010	X Check #		
Street Address 152 Pratt St	City Glastonbury	State CT	Zip Code 06033	Purpose of Expenditure WAGE	1145 Debit Car	rd	
Description GET OUT THE VOTE STAFF	,	I	1	1	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee JANE RUSSELL			_	Date of Payment 08/12/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1128</u>		
48 York St	Hartford	СТ	06106	WAGE	Debit Car	ď	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Name		Office Sought			\$269.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
				08/12/2010	l `	nent	Anoun
LUZ SULLIVAN	a.	L	<u> </u>		X Check # 1131		
Street Address 31 Charter Oak Pl	City	State	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	d	
Description Description	Hartford	Ci	00100	WAGE	Event #		
CANVASSAR SALARY 08/11/2010					Event		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$132.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
LUCI LEBRON	<u> </u>	I	1	08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1138		
129 Standish St	Hartford	СТ	06114	WAGE	Debit Car	d	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$363.00
1 L_1 1NO							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee VIVIANA ROGERS				Date of Payment 08/12/2010	Method of Payr	ment	Amount
Street Address 162 Bond St	City Hartford	State CT	Zip Code	Purpose of Expenditure WAGE	1127 Debit Car	ď	
Description CANVASSAR SALARY 08/11/2010	The Cord	<u> </u>	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$380.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
ANGEL ARCE		Π		08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1142 Debit Car	d	
59 Pulaski Dr	Hartford	СТ	06106	WAGE	-	u .	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$610.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
HABEN ABRAHAM		Ι		08/12/2010	X Check #		
Street Address 98 Caya Ave	City West Hartford	State CT	Zip Code 06118	Purpose of Expenditure WAGE	1118 Debit Car	ď	
Description CANVASSAR SALARY 08/11/2010				1	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought	•		
X No							\$379.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee ANA SANTIAGO				Date of Payment 08/12/2010	Method of Paye	ment	Amount
Street Address 240 Laurel St	City Hartford	State CT	Zip Code 06105	Purpose of Expenditure	1130 Debit Car	·d	
Description CANVASSAR SALARY 08/11/2010		'	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Vame		Office Sought			\$370.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
RICARDO GONZALEZ				08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1121</u>		
47 Prescott St	West Hartford	СТ	06110	WAGE	Debit Car	^r d	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Vame		Office Sought			\$44.00
X No					ı		\$44.00
Name of Payee RAMON VARGAS				Date of Payment 08/12/2010	Method of Pay	ment	Amount
	City	G	7: 0.1		1180		
Street Address 1891 Broad St	Hartford	State	Zip Code 06114	Purpose of Expenditure WAGE	Debit Car	rd	
Description CANVASSAR'S SALARY			1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$511.50

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee CHRISSHAWN RICHARDS Street Address	City	State	Zip Code	Date of Payment 08/12/2010 Purpose of Expenditure	Method of Payr X Check # 1123 Debit Car		Amount
25 Hartford Ave Description CANVASSAR SALARY 08/11/2010	Enfield	СТ	06082-2945	WAGE	Event #	u	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$456.50
Name of Payee CRYSTAL RIVERA				Date of Payment 08/12/2010	Method of Payı	nent	Amount
Street Address 38 Babcock St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	1134 Debit Car	d	
Description CANVASSAR SALARY 08/11/2010	Tiaruoru	<u>. </u>	100200	<u> </u>	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$473.00
Name of Payee MARGARITA GARCIA				Date of Payment 08/12/2010	Method of Payı	nent	Amount
Street Address 38 Babcock St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure	1178 Debit Car	d	
Description CANVASSAR'S SALARY					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$478.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee GERARD RIOUX				Date of Payment 08/12/2010	Method of Payr	ment	Amount
Street Address 109 Foster St	City Manchester	State CT	Zip Code 06040	Purpose of Expenditure	1133 Debit Car	d	
Description CANVASSAR SALARY 08/11/2010			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$200.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
BRIAN RODRIGUEZ	<u></u>	1	1	08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1126</u>		
110 Babcock St	Hartford	СТ	06106	WAGE	Debit Car	d	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			
X No							\$390.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
OLGA RODRIGUEZ		l	1	08/12/2010	X Check #		
Street Address 180 Bond St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure WAGE	1166 Debit Car	ď	
Description	Hardord	С.	100111	IW/ GE	Event #		
GET OUT THE VOTE STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$100.00
100							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee JUANA TIRADO				Date of Payment 08/12/2010	Method of Pays	ment	Amount
Street Address 863 Capitol Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure	1132 Debit Car	⁻ d	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$522.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
MARIA FIGUEROA				08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1143		
23 Ward Pl	Hartford	СТ	06106	WAGE	Debit Car	d	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$374.00
x No					ı		\$374.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
MARIA SIERRA				08/12/2010	X Check # 1179		
Street Address 23 Ward Pl	City Hartford	State	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	·d	
Description	Hardord	<u> </u>	00100	III/102	Event #		
GOTV STAFF							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$70.00
X No							\$70.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee EVELYN NIEVES				Date of Payment 08/12/2010	Method of Payr	ment	Amount
Street Address 23 Ward Pl	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	1161 Debit Car	ď	
Description GET OUT THE VOTE STAFF			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
EDWIN VARGAS				08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1172		
141 Douglas St	Hartford	СТ	06114	Misc *	Debit Car	d	
Description REIMBURSE CANDIDATE FOR TABLE PURC	CHASED				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$47.70
X No				T	1		ψσ
Name of Payee EDWIN VARGAS				Date of Payment 08/12/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1172		
141 Douglas St	Hartford	CT	06114	Misc *	Debit Car	ď	
Description REIMBURSE CANDIDATE FOR INK AND PA			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	Vame		Office Sought			\$29.42

	IV. EXPENDITURE	S						
NAME OF COMMITTEE						FILE	NG DUE DATE	
Vargas For Senate						Origi	nal 09/09/2010	
N. Expenses Paid By Committee								
Name of Payee A T & T				Date of Payment 08/12/2010	Method of Paya	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1171</u>			
PO Box 8110	Aurora	IL	60507-8110	OVHD	Debit Car	rd		
Description HEADQUATERS TELEPHONE SERVICES					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$154.36	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
APOLINAR ROSARIO				08/12/2010	l `			
	Cit.		7: 0.1		X Check # 1140			
Street Address 25 Ward St	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	·d		
Description	naitioitu	<u> </u>	00100	WAGE	Event #			
CANVASSAR SALARY 08/11/2010					Dvent "			
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	Other Candidate(s) N	lame		Office Sought				
X No							\$720.50	
Name of Payee				Date of Payment	Method of Payı	ment	Amount	
EDGARDO RIVERA			1	08/12/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	1125			
63 Colonial St	Hartford	СТ	06106	WAGE	Debit Car	d		
Description CANVASSAR SALARY 08/11/2010					Event #			
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$280.50	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee OLGA DELAROSA				Date of Payment 08/12/2010	Method of Pays	ment	Amount
Street Address 101 Benton St	City Hartford	State CT	Zip Code	Purpose of Expenditure	1183 Debit Car	rd	
Description CANVASSAR'S SALARY			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$346.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
CARLOS CARMONA				08/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1119		
24 Ledger St	Hartford	СТ	06106	WAGE	Debit Car	d .	
Description CANVASSAR SALARY 08/11/2010					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			\$260.00
x No					ı		\$200.00
Name of Payee LUZ SANTANA				Date of Payment 08/12/2010	Method of Pay	ment	Amount
	g:	I	I		X Check # 1129		
Street Address 24 Ledger St	City Hartford	State	Zip Code 06106	Purpose of Expenditure WAGE	Debit Car	·d	
Description	Thateore		1		Event #		
CANVASSAR SALARY 08/11/2010							
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$290.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	nent	Amount
JANICE ROSSETTI		ı		08/13/2010	X Check #		
Street Address 108 Cromwell St	City Hartford	State CT	Zip Code 06114	Purpose of Expenditure CNSLT	1186 Debit Car	d	
Description Description	nartioru	Ci	00114	CNSET	Event #		
CONSULTANT'S SALARY					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$500.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
LESLIE PRADO				08/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1185</u>		
423 Campfield Ave	Hartford	СТ	06114	WAGE	Debit Car	d	
Description			•		Event #		
CANVASSING MANAGER SALARY							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$750.00
Name of Payee				Date of Payment	Method of Payı	nent	Amount
EVA BERMUDEZ				08/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1184		
362 Laurel St	Hartford	СТ	06105	WAGE	Debit Car	d	
Description CAMPAIGN MANAGER SALARY					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$1,100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee LILLY PRADO				Date of Payment 08/14/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1188		
423 Campfield Ave	Hartford	СТ	06114	WAGE	Debit Car	d	
Description GOTV STAFF					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
MANUEL GOULART				08/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1187		
54 Savarese Ln	Burlington	CT	06013-1704	CNSLT	Debit Car	d d	
Description	_ · _ J ··		!		Event #		
CONSULTANT FEE							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$3,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
GERARD RIOUX				08/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1189		
109 Foster St	Manchester	СТ	06042	WAGE	Debit Car	rd	
Description CANVASSAR'S SALARY CORRECTION 08/1	1				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$9.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				-	
Name of Payee GERARD RIOUX				Date of Payment 08/24/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1189</u>		
109 Foster St	Manchester	СТ	06040	WAGE	Debit Car	d	
Description 08/11/2010 WAGE SHORTAGE					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$9.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
SAMMY VAZQUEZ				08/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1190		
58 Hendricxsen Ave	Hartford	СТ	06106	WAGE	Debit Car	d	
Description					Event #		
CANVASSAR'S SALARY							
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$192.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
EDWIN VARGAS				08/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1193		
141 Douglas St	Hartford	СТ	06114	Misc *	Debit Car	d	
Description REIMBURSE CANDIDATE FOR INK CARTRI	DGES PURCHASED FOR OFFICE MACHI	NES	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$105.98

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Vargas For Senate						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payr	nent	Amount
VENICE SOTOMAYOR	<u> </u>	l	<u> </u>	08/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1191		
345 Buckland Hill Dr	Manchester	СТ	06042	WAGE	Debit Car	d	
Description CAVASSRA'S SALARY 07/22					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$60.50
Name of Payee				Date of Payment 08/28/2010	Method of Payı	nent	Amount
UNITED STATES POSTAL SERVICE		l		 	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
George Washington Turnpike	Burlington	СТ	06013	POST	Event #	u	
Description POSTAGE FOR MAILING THANKING CAMPAIGN DONATIONS							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	ame		Office Sought	•		\$220.00
X No							·
					Total of Sec	ction N	\$64,011.53

	IV.	. EXPENDITURES						
NAME OF COMMITTE	ĒΕ						FILING	DUE DATE
Vargas For Senate							Origina	1 09/09/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee BUDGET PRINTERS				Date of Payme 07/28/201		Is Reimbu Claimed?	rsement	Amount
Street Address 1718 Parl St		City Hartford	State CT	Zip Code 06106		X Yo		
Purpose of Expenditure PRNT	Description PHOTOCOPY A LEAFLET HAND	ОИТ			Event #			\$26.50
Name of Payee BUDGET PRINTING AND	BRIST			Date of Payme		Is Reimbu Claimed?		Amount
Street Address 1718 Park St		City Hartford	State CT	Zip Code 06106		X Yo		
Purpose of Expenditure PRNT	Description PRINT A CAMPAIGN HANDOUT				Event #			\$100.00
Name of Payee OCEAN STATE JOB LOT				Date of Payme 08/06/201		Is Reimbu Claimed?	rsement	Amount
Street Address 13 Wells Rd		City Wethersfield	State CT	Zip Code 06109		X Yo		
Purpose of Expenditure OFFICE	Description PLASTIC TABLE				Event #			\$47.70
Name of Payee WALMART				Date of Payme 08/10/201		Is Reimbu Claimed?		Amount
Street Address 495 Flatbush Ave		City Hartford	State CT	Zip Code 06106		X Yo		
Purpose of Expenditure OFFICE	Description INK CARTRIDGE AND PAPER				Event #			\$29.42

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE .						FILING	DUE DATE
Vargas For Senate							Origina	1 09/09/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee OFFICE DEPOT				Date of Payme 08/27/201		Is Reimbur Claimed?		Amount
Street Address 1296 Silas Deane Hwy		City Wethersfield	State	Zip Code 06109		X Ye		
Purpose of Expenditure OFFICE	Description INK CARTRIDGES			•	Event #	ŧ		\$105.98
						Total of	Section O	\$309.60

		IV. EXPENDITURES								
NAME OF COMMITTEE						FI	LING DUE DATE			
Vargas For Senate	Or	riginal 09/09/2010								
P. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution			Type of Credit C	ard:						
			Visa	Master Card	Discover	Amer	rican			
			Other							
Name of Vendor					Date of Transaction		Amount			
Street Address		City	State	Zip Code						
Purpose of Expenditure	Description				Event #					
					Total of Section	n P				

IV. EXPENDITURES									
NAME OF CO	MMITTEE				FILING DU	JE DATE			
Vargas For Se	enate				Original 09	/09/2010			
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor			Date Incurred	Event #		Amount Incurred (Estimate or			
Street Address		City		State	Zip Code	Actual)			
Purpose of Expenditure	Description								
Is this expenditure of which reimburseme Yes	coordinated with another candidate for Other Candida nt is sought?	te(s) Name	Office Sought						
Total of Section Q									

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Vargas For Senate					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant EVA BERMUDEZ Secondary Payee WALMART	Date of Payn 07/30/20 Purpose of E FOOD			Method of Payn X Check # 1052 Debit Care		Amount		
Street Address 495 Flatbush Ave Description	City Hartford	11002	State CT	Zip Code 06106				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$58.20		
Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 07/30/2010		Method of Payment X Check #		Amount		
Secondary Payee CITY OF HARTFORD TOWN CLERK		Purpose o	of Expenditure	1052 Debit Care	d			
Street Address 550 Main St	City Hartford		State CT	Zip Code 06103				
Description UPDATED ABSENTEE BALLOTS				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X	idate(s) Name	Office	Sought			\$7.50		

IV. F	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Vargas For Senate	Vargas For Senate Origina					nal 09/09/2010
R. Itemization of Reimburs	ements to Committee Wor	kers and	Consultants			
EVA BERMUDEZ Secondary Payee		Date of Payment 07/30/2010 Purpose of Expenditure OFFICE		Method of Payment X Check # 1052 Debit Card		Amount
Street Address 1109 New Britain Ave	City West Hartford		State Zip Code CT 06110			
Description FOAM BOARD				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	didate(s) Name	Office	Sought			\$8.65
Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 07/30/2010		Method of Paym	nent	Amount
Secondary Payee FEDEX OFFICE		Purpose o	of Expenditure	1052 Debit Card	i	
Street Address 554 Farmington Ave	City Hartford		State CT	Zip Code 06105-8245	5	
Description SCANNER COPIES				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$5.00

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Vargas For Senate					Origin	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee Wor	kers and	Consultants				
EVA BERMUDEZ		08/04/	Date of Payment 08/04/2010 Purpose of Expenditure		nent	Amount	
WALGREENS Street Address 161 Washington St	City Hartford			Zip Code 06106			
Description BINDERS, FOLDERS, ETC Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought	Event#			
which reimbursement is sought? Yes No	nuare(s) (vanie	Office	Sought			\$41.94	
Name of Worker/Consultant EVA BERMUDEZ		Date of P		Method of Payment X Check #		Amount	
Secondary Payee PARK HARDWARE		Purpose o	of Expenditure	1095 Debit Card	i		
Street Address 415 Park St	City Hartford		State CT	Zip Code 06106			
Description KEYS				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$4.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Vargas For Senate					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
EVA BERMUDEZ (08/04/ Purpose o	Date of Payment 08/04/2010 Purpose of Expenditure		nent	Amount	
Street Address 544 Farmington Ave	City Hartford	Misc *	Misc * State CT				
Description COLOR SCAN PHOTO FOR NEWSPAPER ADS Event #							
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$3.00	
Name of Worker/Consultant EVA BERMUDEZ		Date of Pa 08/04/	-	Method of Payment X Check #		Amount	
Secondary Payee WALGREENS		Purpose o	f Expenditure	1096 Debit Care	i		
Street Address 161 Washington St	City Hartford		State CT	Zip Code 06106			
Description POSTER BOARD, DUCK TAPE, SCOTCH TAPE, BATHROOM SUPPL	IES			Event#			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$19.19	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Vargas For Senate Origin					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant EVA BERMUDEZ Secondary Payee WALGREENS			Date of Payment 08/04/2010 Purpose of Expenditure		ient	Amount		
Street Address 161	City Hartford	1 22	State Zip Code CT 06106					
Description REFRESHMENTS				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$7.22		
Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/05/2010		Method of Payment X Check #		Amount		
Secondary Payee WALMART		Purpose o	f Expenditure	1100 Debit Card	i			
Street Address 495 Flatbush Ave	City Hartford		State CT	Zip Code 06106				
Description WATER AND SNACKS FOR HEADQUARTERS				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$17.80		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Vargas For Senate					Origin	nal 09/09/2010	
R. Itemization of Reimburso	ements to Committee Wo	orkers and	Consultants				
EVA BERMUDEZ		08/05/	Date of Payment 08/05/2010		nent	Amount	
SOL DE BORINQUEN BAKERY		FOOD	f Expenditure	Debit Care	d		
Street Address 710 Park St	City Hartford	,	State Zip Code CT 06106				
Description FOOD FOR 08/10 Event#							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$30.00	
Name of Worker/Consultant EVA BERMUDEZ		Date of P. 08/05/		Method of Payment X Check #		Amount	
Secondary Payee STOP AND SHOP		Purpose o	of Expenditure	1107 Debit Care	d		
Street Address 150 New Park Ave	City Hartford		State CT	Zip Code 06106			
Description FOOD FOR HEADQUARTERS				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$43.68	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Vargas For Senate					Origin	nal 09/09/2010	
R. Itemization of Reimburso	ements to Committee Wo	rkers and	Consultants		,		
		Date of Payment 08/05/2010		Method of Paym X Check #	ent	Amount	
Secondary Payee DUNKIN DOUGHNUTS		Purpose of FOOD	of Expenditure	Debit Care	i		
Street Address 150 New Park Ave	City Hartford		State CT	Zip Code 06106			
Description HEADQUARTEERS FOOD Event #							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$4.47	
Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/09/2010		Method of Payment X Check #		Amount	
Secondary Payee WALMART		Purpose o	of Expenditure	1113 Debit Care	i		
Street Address 495 Flatbush Ave	City Hartford		State CT	Zip Code 06106			
Description SUPPLIES FOR THE OFFICE				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$47.56	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Vargas For Senate O					Origin	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee	Workers and	Consultants				
			Date of Payment 08/09/2010		ent	Amount	
Secondary Payee WALMART		Purpose o	of Expenditure	1116 Debit Care	i		
Street Address 495 Flatbush Ave	City Hartford		State Zi				
Description OFFICE SUPPLIES				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$24.80	
Name of Worker/Consultant EVA BERMUDEZ			Date of Payment 08/09/2010		nent	Amount	
Secondary Payee RETAURANT DEPOT		Purpose of FOOD	of Expenditure	1116 Debit Care	i		
Street Address 91 Brainard Rd	City Hartford		State CT	Zip Code 06114			
Description 08/11/2010 FOOD				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$326.97	

IV. E	EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Vargas For Senate Origin					nal 09/09/2010			
R. Itemization of Reimbursements to Committee Workers and Consultants								
EVA BERMUDEZ Secondary Payee P		08/09/	Date of Payment 08/09/2010 Purpose of Expenditure		09/2010 X Check # 1116 See of Expenditure Debit Card			Amount
Street Address 511 Park St	City Hartford	FOOD State CT		Zip Code 06106				
Description BEVERAGES FOR 08/11/2010				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$13.26		
Name of Worker/Consultant LESLIE PRADO		Date of Payment 08/09/2010		Method of Payment X Check #		Amount		
Secondary Payee MAIN ST CREAMERY		Purpose o	of Expenditure	1114 Debit Card				
Street Address 271 Main St	City Wethersfield		State CT	Zip Code 06109				
Description REFRESHMENTS FOR CANVASSERS				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$22.00		

IV.	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Vargas For Senate C					Origin	nal 09/09/2010
R. Itemization of Reimbur	sements to Committee \	Workers and	Consultants			
			Date of Payment 08/12/2010		nent	Amount
		Purpose o	f Expenditure	1173 Debit Care	d	
Street Address 544 Farmington Ave	City Hartford		State CT	Zip Code 06105		
Description OFFICE SUPPLIES				Event #		
Is this expenditure coordinated with another candidate for Other Carwhich reimbursement is sought? Yes No	ndidate(s) Name	Office	Sought			\$20.00
Name of Worker/Consultant			Date of Payment		nent	Amount
EVA BERMUDEZ		08/12/	08/12/2010			
Secondary Payee STAPLES		Purpose o	of Expenditure	1173 Debit Car	d	
Street Address 2550 Albany Ave	City West Hartford		State CT	Zip Code 06117		
Description OFFICE SUPPLIES				Event #		
Is this expenditure coordinated with another candidate for Other Carwhich reimbursement is sought?	ndidate(s) Name	Office	Sought			
X Yes No						\$6.81

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Vargas For Senate					Origin	nal 09/09/2010	
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants				
		Date of Payment 08/12/2010		Method of Paym X Check #	ent	Amount	
Scondary Payee STOP & SHOP INC		Purpose o	f Expenditure	Debit Card	i		
Street Address 150 New Park Ave	City Hartford		State CT	Zip Code 06106			
Description PAPER CUPS				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$10.60	
Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/12/2010		Method of Payment X Check #		Amount	
Secondary Payee WALMART		Purpose of Expenditure OFFICE		1175 Debit Care	i		
Street Address 495 Flatbush Ave	City Hartford		State CT	Zip Code 06106			
Description COMPUTER WIRELESS CARD AND FOOD SUPPLIES				Event #			
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$52.50	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Vargas For Senate Origi					Origin	nal 09/09/2010
R. Itemization of Reimburso	ements to Committee Worl	kers and	Consultants		•	
Name of Worker/Consultant EVA BERMUDEZ Secondary Payee		Date of Payment 08/12/2010 Purpose of Expenditure		Method of Payment X Check # 1175		Amount
SHELL PARA MARKET		OFFICE		Debit Card		
Street Address 456 New Park Ave	City West Hartford		State CT	Zip Code 06110		
Description ICE				Event#		
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$6.00
Name of Worker/Consultant EVA BERMUDEZ		Date of Payment 08/12/2010		Method of Payment X Check #		Amount
Secondary Payee WALGREENS		Purpose of Expenditure OFFICE		1176 Debit Care	i	
Street Address 161 Wasnington St	City Hartford		State CT	Zip Code 06106		
Description FOOD & BEVERAGES, FOLDERS, BATTERIES				Event#		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$46.72

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Vargas For Senate					Origin	nal 09/09/2010
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant EVA BERMUDEZ	Date of Payment 08/27/2010			Method of Payment X Check #		Amount
Secondary Payee MY FAMILY DOLLAR STORE		Purpose of Expenditure OFFICE		1192 Debit Card		
Street Address 190 Farmington Ave	City Hartford		State CT	Zip Code 06105		
Description OFFICE SUPPLIES				Event #		
which reimbursement is sought? Yes	date(s) Name	Office	Sought	ı		
X No						\$5.41
				Total of Se	ection R	\$833.28

IV. EXP	ENDITURES					
NAME OF COMMITTEE				FII	LING DUE DATE	
Vargas For Senate				Or	iginal 09/09/2010	
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient					Original Purchase Amount of Item	
Street Address	City	State	Zip Code			
Description						
			Total of Section	on S		